

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Shane	MI R	OFFICE USE ONLY 		
	NICKNAME Saum	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 3404 American Dr. Apt 2208 Lago Vista TX 78645					
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (440)	PHONE NUMBER 342-3723	EXTENSION	Date Hand-delivered or Date Postmarked 1-12-2025		
6 CAMPAIN TREASURER NAME	MS / MRS / MR Mr.	FIRST Shane	MI	Receipt #	Amount \$	
	NICKNAME Saum	LAST	SUFFIX	Date Processed		
				Date Imaged		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 3404 American Dr. Apt 2208 Lago Vista				STATE: ZIP CODE TX 78645	
8 CAMPAIN TREASURER PHONE	AREA CODE (440)	PHONE NUMBER 342-3723	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 2	Day 19	Year 25	Month 6	Day 30	Year 25
11 ELECTION	ELECTION DATE Month 11 / Day 4 / Year 25		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) City Council Place 1			13 OFFICE SOUGHT (if known) Mayor		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
		COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Shane R. Saum

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 2,450.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8,325.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 2,321.51

4. TOTAL POLITICAL EXPENDITURES \$ 2,321.51

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,003.49

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

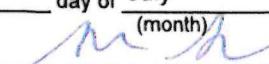
OR

(2) Unsworn Declaration

My name is Shane R. Saum and my date of birth is _____.

My address is 3404 American Dr. #2208, Lago Vista, TX, 78645, USA

Executed in Travis County, State of TX, on the 15 day of July, 2025.
(street) (city) (state) (zip code) (country)
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Shane R. Saum	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,450.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,321.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Shane Saum			3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2025	5 Full name of contributor Ches McDowell	out-of-state PAC (ID#: 6 Contributor address: [REDACTED] Lexington NC 27295	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Managing Partner		9 Employer (See Instructions) Checkmate GR	
Date 03/06/2025	Full name of contributor Stuart Wilkinson	out-of-state PAC (ID#: Contributor address: [REDACTED] Atlanta GA 30342	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) PrizePicks	
Date 03/07/2025	Full name of contributor Michele Maitland	out-of-state PAC (ID#: Contributor address: [REDACTED] Lago Vista TX 78645	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2025	Full name of contributor Craig Holzheausser	out-of-state PAC (ID#: Contributor address: [REDACTED] Austin TX 78701	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) CGA	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Shane Saum			3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2025	5 Full name of contributor Jim Schwertner	out-of-state PAC (ID#: 6 Contributor address: Schwertner TX 76563	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self	
Date 02/27/2025	Full name of contributor Louie Mossos	out-of-state PAC (ID#: Contributor address: Richmond VA 23219	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) McGuireWoods	
Date	Full name of contributor	out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shane Saum	3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2025	5 Payee name Vistago Print LLC		
6 Amount (\$) 1,704.94	7 Payee address; Lago Vista TX 78645	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Yard signs	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Shane Saum	Office sought Mayor	Office held City Council Place 1
Date 06/03/2025	Payee name BAS Custom Prints		
Amount (\$) 99.43	Payee address; 222 E Renfro St, Burleson, TX 76028	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Flags	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Shane Saum	Office sought Mayor	Office held City Council Place 1
Date 07/01/2025	Payee name Vistago Print LLC		
Amount (\$) 628.08	Payee address; Lago Vista TX 78645	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Large yard signs	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Shane Saum	Office sought Mayor	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED